Fiscal Year 2019 Health Center Program New Access Points (NAP) HRSA-19-080

Technical Assistance Web Page:
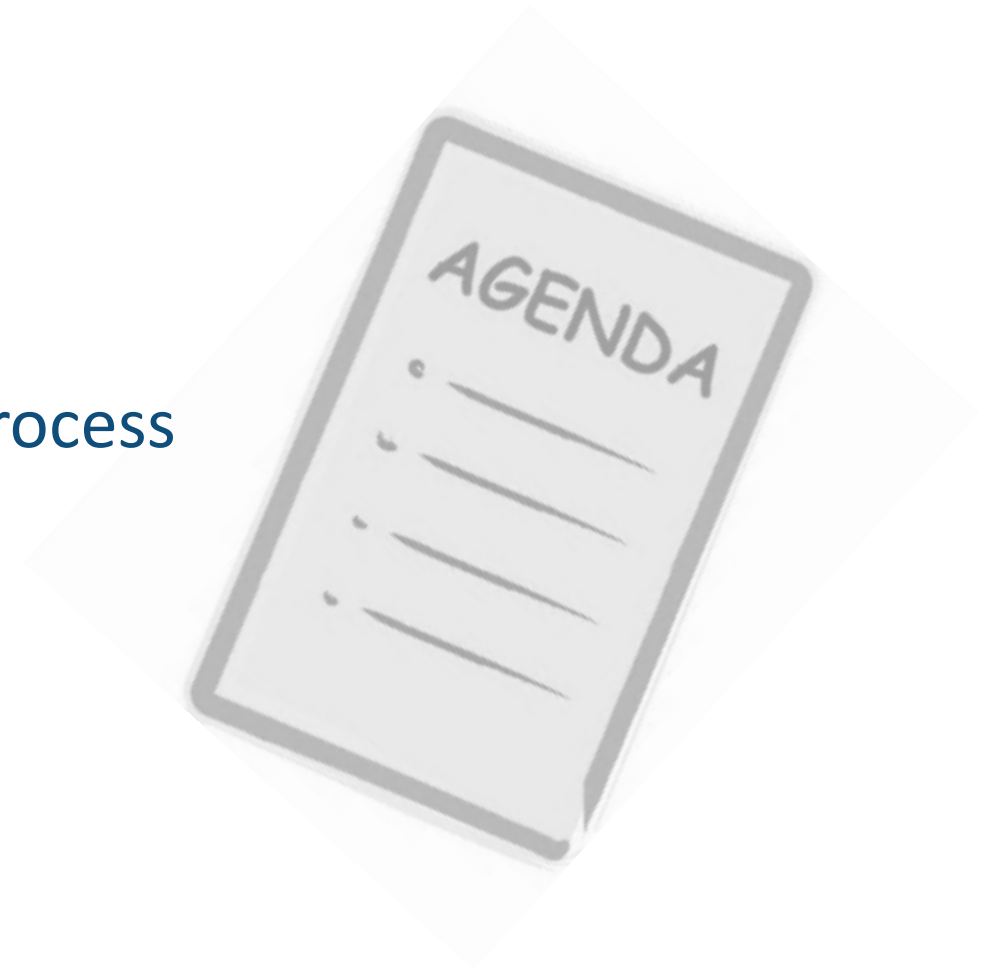http://bphc.hrsa.gov/programopportunities/fundingopportunities/NAP/

Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration (HRSA)

Agenda

- Overview
- Eligibility
- Funding Requirements
- Application Components and Submission Process
- Funding Priorities and Exclusions
- Reminders & Resources

OVERVIEW

Purpose

What is a New Access Point (NAP)?

A new service delivery site for the provision of comprehensive primary health care services to underserved populations

Award Information

$50 million total

75 awards

$650,000 (max) per year

✓ Two-year project period starting September 1, 2019
  ▪ New applicants will be awarded a 1-year project period **NEW**

✓ One-time funds (up to $150,000) in Year 1 for:
  ▪ Equipment and/or
  ▪ Minor alteration/renovation (A/R)

Important Dates

March 12, 2019: Applications due in **Grants.gov** by 11:59 pm ET

April 11, 2019: Applications due in the **Electronic Handbooks (EHBs)** by 5 pm ET

September 1, 2019: Award start date

December 30, 2019: NAPs must be **operational within 120 days** of the award

December 31, 2020: Achieve **patient projection**
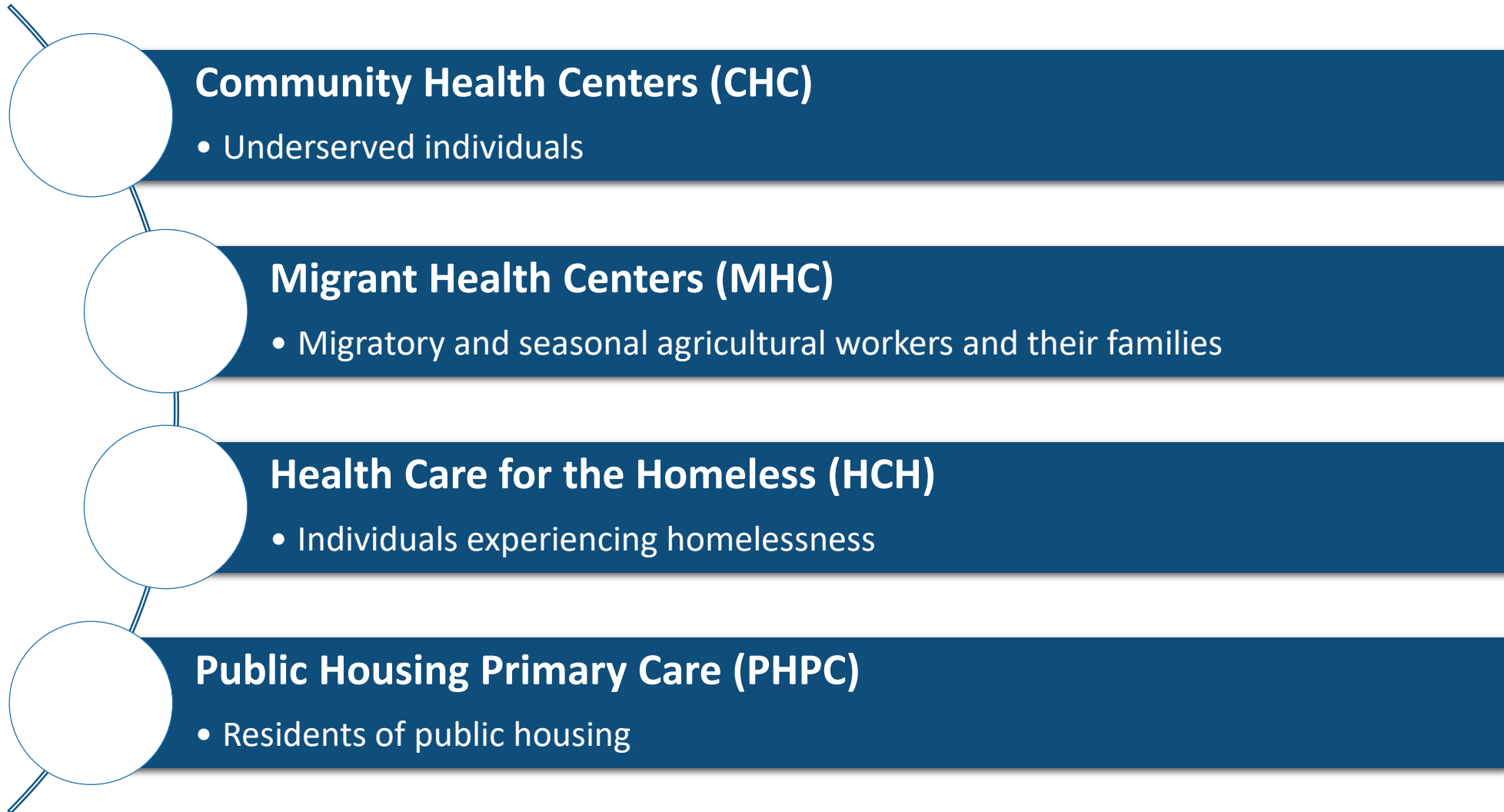
Who Can Apply?

New Organizations ("New Applicant")	Competing Supplement/Revision ("Satellite Applicant")
• Organizations <u>not</u> currently receiving Health Center Program funding, including designated look-alikes	• Organizations currently <u>receiving</u> Health Center Program funding that are proposing to establish **NEW** service delivery site(s)

Health Center Target Populations

Community Health Centers (CHC)

- Underserved individuals

Migrant Health Centers (MHC)

- Migratory and seasonal agricultural workers and their families

Health Care for the Homeless (HCH)

- Individuals experiencing homelessness

Public Housing Primary Care (PHPC)

- Residents of public housing

ELIGIBILITY REQUIREMENTS

Eligibility Requirements, 1-2

1	Public or nonprofit entity
2	Provide comprehensive primary medical care as the main purpose of the NAP project. You cannot serve only a single age group, address a single health issue/disease category, or provide any subset of the required primary health care services.

Service Descriptions:

https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/scope/form5a servicedescriptors.pdf

Eligibility Requirements, 3-4

3	Ensure required primary health care services will be available and accessible in the service area, proposing at least one full-time permanent site
4	Propose service delivery site(s) located in an area with a shortage of health services

At least 40 hours per week

Site cannot be in the same building as a site already in the scope of project of any Health Center Program award recipient or look-alike

NEW

Eligibility Requirements, 5-6

5	Propose to serve, in whole or in part, a Medically Underserved Area (MUA) or Medically Underserved Population (MUP) **Find an MUA/MUP here:** https://data.hrsa.gov/tools/shortage-area/mua-find
6	Consult with public housing residents and ensure ongoing consultation regarding the planning and administration of the health center

New Applicants Only

Public Housing Primary Care Applicants Only

Common Reasons for an Ineligible Application

- The application exceeds the page limit

  No more than 175 pages

- Incomplete application

  Missing the Project Narrative, Bylaws, or Evidence of Non-profit or Public Center Status

- Proposed site located at the same address as a current Health Center Program award recipient

  NAP site cannot be located in the same building as any health center

- Applicant applies on behalf of another organization

FUNDING REQUIREMENTS

Required Outcomes

- Within 120 days of the Notice of Award, all proposed sites must begin delivering services to the proposed target population

- Demonstrate compliance with Health Center Program requirements, assessed during an operational site visit

- Achieve the number of unduplicated patients projected to be served in 2020

- Annually report data on patients, services, staffing, and financing in the Uniform Data System

Application Requirements

- Document a high level of unmet need for primary health care services

- Describe collaboration and coordination of quality health care services

- Assure primary health care services for all, regardless of ability to pay

- Demonstrate relevant and rational service area boundaries

NEW
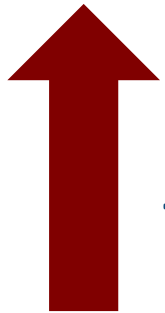
Unmet Need Score (UNS)

NEW

- Built from public data on critical health determinants
- Represents unmet need across all proposed service area zip codes
- Up to 20 points of the Need score
- Resources available at the NAP Technical Assistance website
  - UNS Resource Guide for the methodology, measures, and data sources
  - UNS Workbook for ZCTAs, health determinants, and the overall UNS

Unmet Need Score (UNS) Workbook

NEW

ZIP Code	ZIP Code Tabulation Area (ZCTA) Map	ZCTA Validation	Hot Spot	ZCTA UNS	Population Size	Population-based Weight (ZCTA Population as Percentage of Service Area Population)	Service Area UNS	Service Area UNS Converted to 0-20 Scale
17236	17236	Valid	No	30.68	7,850	29.42	46.68	10
15778	15778	Valid	No	48.90	180	0.67	46.68	10
04072	04072	Valid	Yes	53.40	18,657	69.91	46.68	10

To calculate your UNS: Enter your Form 5B service area zip codes in the zip code column in the UNS Workbook

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Health Center Program

Service Area

- Define by the service area zip codes on Form 5B: Service Sites

- Encompass the zip codes where projected patients reside (e.g., 75% of projected patients)

- Have relevant and rational boundaries

  - Size that ensures that services are accessible to the target population

  - Conform to relevant boundaries, as practicable

  - Reasonable distance relative to current health center sites

APPLICATION COMPONENTS AND SUBMISSION PROCESS

Two-Tier Application Submission

Phase 1: Grants.gov → **Phase 2: Electronic Handbooks (EHBs)**

First, register in **DUNS**, **SAM.gov**, **Grants.gov**, and **EHBs**.

Phase 1: Grants.gov Application Components

SF-424: Application for Federal Assistance

Upload Project Abstract (box 15)

SF-424B: Assurances

Project/Performance Site Location(s)

Grants.gov Lobbying Form

SF-LLL: Disclosure of Lobbying Activities

As applicable

Key Contacts

Completing SF-424 in Grants.gov

New applicants:

Application for Federal Assistance SF-424

* 1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

* 2. Type of Application:
- ☒ New
- ☐ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s):

[ ]

* Other (Specify):

[ ]

Satellite applicants:

Application for Federal Assistance SF-424

* 1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

* 2. Type of Application:
- ☐ New
- ☐ Continuation
- ☒ Revision

* If Revision, select appropriate letter(s):

E: Other (specify) ▼

* Other (Specify):

Supplement H80CS12345

Phase 1: Grants.gov Submission Tips

- Confirm SAM.gov and Grants.gov registrations are active

- See SAM.gov FAQs for registration requirements

- Use HRSA's SF-424 Two-Tier Application Guide: http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.pdf

- After submitting in Grants.gov, you will receive email notifications indicating the ability to move to Phase 2 – Submission in EHBs

Phase 2: Accessing EHBs

- Use the emailed EHBs tracking number to access your application in EHBs

  - If you do not receive the tracking number within 3 business days of Grants.gov submission, contact Health Center Program Support at 877-464-4772

- See the EHBs NAP Applicant User Guide for information on accessing and completing the application

- Have the Authorizing Official (AO) submit the completed application to HRSA

Phase 2: EHBs Application Components

Project Abstract

Project Narrative

Budget Presentation

- SF-424A: Budget Information Form

- Budget Narrative

Attachments

Program Specific Forms

Project Narrative/Review Criteria

Need (30 pts)	Collaboration (10 pts)	Evaluative Measures (10 pts)
	Resources/ Capabilities (15 pts)	Governance (10 pts)
Response (20 pts)		Support Requested (5 pts)

SF-424A: Budget Information Form

Year 1

* Section A - Budget Summary	New or Revised Budget		
Grant Program Function or Activity	Federal	Non-Federal	Total
Community Health Centers	$600,000.00	$5,000.00	$605,000.00
Migrant Health Centers	$50,000.00	$0.00	$50,000.00
Update Sub Program	$650,000.00	$5,000.00	$655,000.00

Update

The federal amount refers only to the NAP funding requested, up to $650,000

Section E - Federal Funds Needed for Balance of the Project	
Grant Program	First
Community Health Centers	$0.00
Migrant Health Centers	$0.00
Total	$0.00

Enter **Year 2**

Align SF-424A with Budget Narrative

Submit a line-item budget and narrative justification for each year of the 2-year project

Attachments

1. Service Area Map and Table
2. Bylaws*
3. Project Organizational Chart
4. Position Descriptions for Key Management Staff
5. Biographical Sketches for Key Management Staff
6. Co-Applicant Agreement - As applicable*
7. Summary of Contracts and Agreements

8. Sliding Fee Discount Schedule(s)
9. Collaboration Documentation
10. Articles of Incorporation – New Applicants*
11. Evidence of Nonprofit or Public Center Status – New Applicants*
12. Operational Plan
13. Floor Plans
14. Other Relevant Documents

* Required for Completeness

Forms

Form **1A**: General Information Worksheet

Form **1B**: BPHC Funding Request Summary

Form **1C**: Documents on File

Form **2**: Staffing Profile

Form **3**: Income Analysis

Form **4**: Community Characteristics

Form **5A**: Services Provided

Form **5B**: Service Sites

Form **5C**: Other Activities/Locations

Form **6A**: Current Board Member Characteristics

Form **6B**: Request for Waiver of Board Member Requirement

Form **8**: Health Center Agreements

Form **10**: Emergency Preparedness Report

Form **12**: Organization Contacts

Clinical and Financial Performance Measures

Patient Projections

✓ **Form 1A: General Information Worksheet**

- Realistic projections for patients to be served in 2020

> Total Unduplicated Patients by Population Type will be included in your ongoing Patient Target

- Number of projected medical patients must be greater than the number of projected patients for other service types
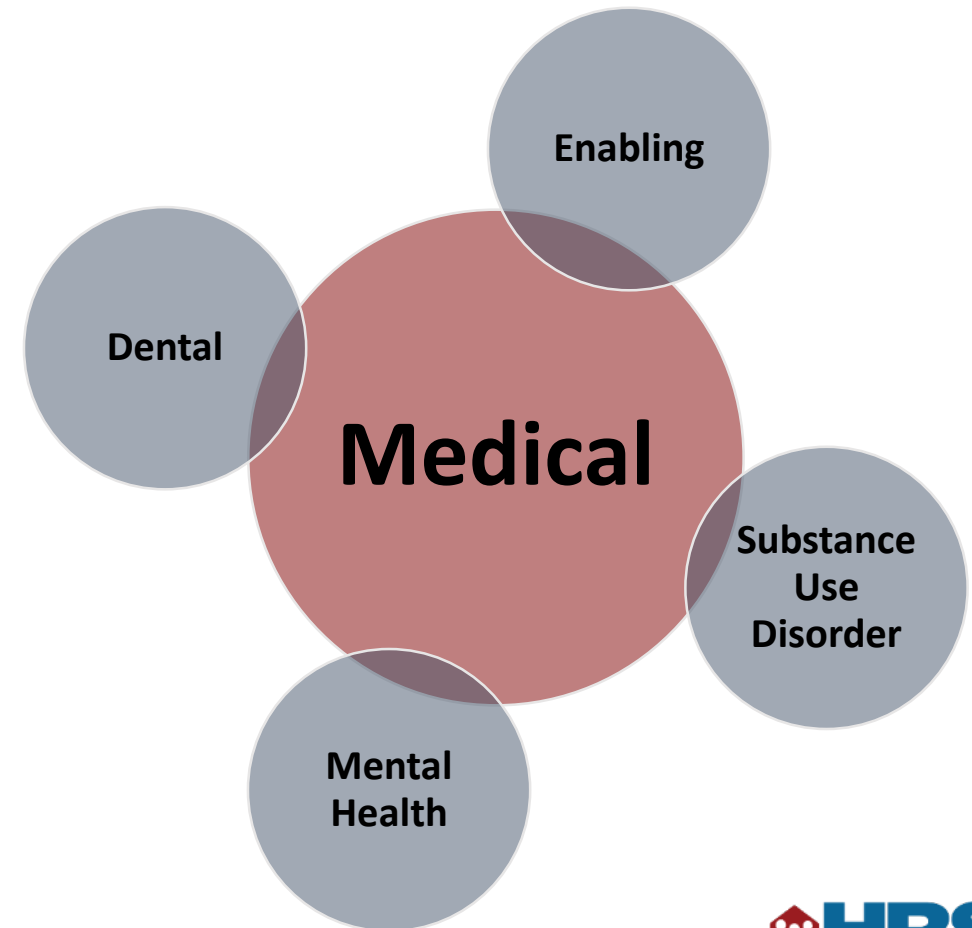
Services and Proposed Sites

✓ **Form 5A: Services Provided**

- General Primary Medical Care must be provided directly (Column I) and/or through formal written contractual agreements (Column II)

✓ **Form 5B: Service Sites**

- At least one site must be a permanent service delivery site (minimum of 40 hours per week)

- No site can be located in the same building as any current health center site

- All sites must be verified operational within 120 days of award

Performance Measures

- Ongoing monitoring and performance improvement tools
  - **Clinical** – 16 required measures
  - **Financial** – 3 required measures
- You may create additional performance measures specific to the proposed project
- If applying for special population funding, include additional clinical performance measures that address the health care needs of the targeted special population(s)
- Refer to the UDS Manual for specific measurement details

Summary Page

- Key information from various forms (1A, 1B, 2, and 5B):
  - Proposed sites and service area zip codes
  - Patient projection and federal cost per patient
  - Funding requested, including one-time funding
  - Proposed staffing

- Unmet Need Score (up to 100) and UNS converted score (up to 20)

Summary Page Certifications

- All proposed sites will be operational within 120 days of award

- Projected number of patients will be achieved in calendar year 2020

- Comprehensive primary medical care is main purpose

- Consultation with State and local government agencies, and health care providers

- Compliance with Health Center Program requirements

One-Time Funding

May request up to $150,000 in Year 1 only for one-time minor alteration/renovation (A/R) and/or equipment

Additional information required for each NAP site for which A/R funds are requested

Equipment purchases over $5,000 must be listed on the Equipment List form

Regardless of minor A/R activities or equipment purchases, all sites must be **operational** within **120 days** of award

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Health Center Program

One-Time Funding for Minor A/R

Applicants requesting one-time funding for minor A/R must complete:

- ✓ Alteration/Renovation Project Cover Page

  - Environmental Information and Documentation Checklist (attachment)

  - A/R Project Budget Justification (attachment)

  - Floor Plans/Schematic Drawings (attachment)

- ✓ Other Requirements for Sites

  - Landlord Letter of Consent, *as applicable* (attachment)

One-Time Funding for Equipment

Applicants requesting one-time funding for equipment purchases must complete:

- ✓ Equipment List form

Equipment

- Useful life exceeds one year
- Per-unit acquisition cost equals or exceeds $5,000

Supplies

- Includes equipment items that cost less than $5,000
- Do not include supplies on Equipment List form

FUNDING PRIORITIES AND EXCLUSIONS

Funding Priorities

Applications that score in the fundable range and meet the funding priority criteria will receive additional points:

1. High Unmet Need Area (5 points)
2. Sparsely Populated Area (5 points)
3. Health Center Program Look-Alikes (10 points)

> HRSA will assess all applications for priority points. Applicants **do not** need to request them.

Funding Priority: High Unmet Need Area

5 Points

- Propose a full-time service site in a hot spot zip code,* as defined by:
  - An UNS of 35 or greater;
  - No current health center service delivery sites; AND
  - Health center penetration of the low-income population of 5% or less

*As indicated by the **site address** zip code on Form 5B

Funding Priority: Sparsely Populated Area

5 Points

- Propose a service site (to operate at least 20 hours per week) in a sparsely populated zip code* that:
  - Is defined as a Level 4 frontier and remote (FAR) area (https://www.ruralhealthinfo.org/am-i-rural)
  - Has no current health center service delivery sites
- For U.S. Territories other than Puerto Rico and Compact of Free Association states, a sparsely populated zip code is an area that has seven or fewer people per square mile

*As indicated by the **site address** zip code on Form 5B

Funding Priority: Look-Alikes

10 Points

Designated as a look-alike prior to October 1, 2018 <u>and</u> meet all 5 criteria:

1. Form 5B includes all current sites in the look-alike scope of project at time of application

2. Form 5B lists the service area zip codes in which at least 75% of current patients reside

3. Complete 2018 patient data reported in UDS

4. Unduplicated patient projection on Form 1A is greater than total unduplicated patients reported in 2018 UDS

5. No active 60-day or 30-day program requirement-related conditions at the time of NAP application submission

Compliance Funding Consideration

Satellite applicants will <u>not</u> receive NAP funding if:

- A 60-day or 30-day Health Center Program requirement condition is active on the H80 award at the time HRSA makes final NAP funding decisions

Geographic Funding Considerations

HRSA may not fund your NAP application if:

- Your proposed NAP site is within ½ mile of any health center site

- More than 75% of the low-income residents in your service area get their care at a health center **and** you provide insufficient documentation of collaboration and unmet need

- Your service area does not have relevant, rational boundaries

REMINDERS AND RESOURCES

Key Points

- Applications Due:
  - **Grants.gov:** March 12 by 11:59 pm ET
  - **EHBs:** April 11 by 5:00 pm ET
- All sites must be operational **within 120 days** of award
- New health centers must be compliant **within 120 days** of award
- Meet patient projections **in calendar year 2020**
- No NAP awards if active 60-day or 30-day conditions

Failure to follow the instructions and include all required documents may result in your application being rejected

Technical Assistance Resources

Assistance Needed	Contact
Guidance on Requirements and Application Components	NAP Technical Assistance Website
Application Questions	NAP Technical Assistance Team: Web Request Form
Budget and Grant Administration Questions	Terry Hatchet (THatchett@hrsa.gov) and Brian Feldman (BFeldman@hrsa.gov)
EHBs Submission Issues	Health Center Program Support: 1-877-464-4772 (TTY: 1-877-897-9910) or Web Request Form
Grants.gov Submission Issues	Grants.gov Contact Center: 1-800-518-4726; support@grants.gov
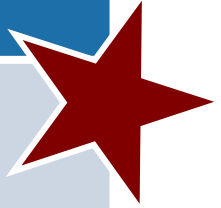
Health Center Program Resources

✓ Website: https://bphc.hrsa.gov
- Includes many Technical Assistance (TA) resources

✓ Weekly E-Newsletter: *Primary Health Care Digest*
- Sign up on the BPHC website to receive up-to-date information

✓ HCP Support: https://hrsa.gov/about/contact/bphc
- Program-related questions
- EHB questions/issues
- FTCA inquiries

✓ National Cooperative Agreements & Primary Care Associations: https://bphc.hrsa.gov/qualityimprovement/strategicpartnerships

Thank You!

Allison Arnone, Public Health Analyst

Elizabeth McGill, Public Health Analyst

Office of Policy and Program Development

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)

https://www.hrsa.gov/about/contact/bphc.aspx

NAP Technical Assistance Team

bphc.hrsa.gov/ProgramOpportunities/FundingOpportunities/NAP/

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